



Pediatric Clinic
PATIENT EDUCATION HANDOUTS

SCHOOL / DAYCARE EXCUSE

Name of Patient: _____

Name of Parent: _____

Diagnosis: _____

This child was seen in the Pediatric Clinic today with an appointment time of _____.

This child was home for medical problems from _____ to _____.

This child is now able to return to school / daycare and is **not contagious**.

This child may return to school / daycare when afebrile for 24 hours.

This child may return to school / daycare when diarrhea is resolved.

This child may return to school / daycare after 24 hours of antibiotic therapy.

This child received immunizations from the Immunization Clinic today at _____.

Physical education:

This child can participate in all age-appropriate sports and activities, OR

This child should have limited physical activity with the following instructions:

No gym for _____ days.

Thank you,

Physician's Signature _____ Date: _____

Pediatric Clinic
Evans Army Community Hospital
719-526-7653